		ENT APPLIC		te for Form PTC				10	on or Docket Nu	391/
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA				R EXTRA	RATE	FEE		RATE	FEE	
ASIC FEE 37 CFR 1.16(a))						s	OR		\$	
ATC	L CLAIMS FR 1.16(c))	17	minus 20			x \$ =		OR	x s =	
DE	PENDENT CLAIM	s 2	3 minus 3 = .			x \$ =		OR	x s =	
	FR 1.16(b))			1						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  If the difference in column 1 is less than zero, enter "0" in column 2.						+ \$=		OR	+ \$=	
						TOTAL		OR	TOTAL	L
	CLAIMS AS AMENDED - PART II							•		
		(Column 1)		(Column 2)	(Column 3)	SMALL E	ENTITY	OR		R THAN ENTITY
<u> </u>	4105	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	. ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
≝ŀ ĕ	Total (37 CFR 1.16(c))	. 17)	Minus	" 20	=	x \$=		OR .	× s <u>\$0</u> =	
AMENDMENI	Independent (37 CFR 1.16(b))	. 4	Minus	3	= /	x \$=		OR	× 2000 =	30/00
2	FIRST PRESENT.	ATION OF MULTIPLE	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+ s =		OR	.+s =	
						TOTAL ADD'L FEE		ÓR	TOTAL ADD'L FEE	300m
	,	(Column 1)		(Column 2)	(Column 3)					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total (37 CFR 1.16(c))	•	Minus	••	=	x s=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x s =		OR	x s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	+ \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CEASE (37 CFX 1.10(0))						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	· (Column 3)			J		
)		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- FOUNT FEE		RATE	AU Dia 1944 1986
	Total (37 CFR 1,15(e))		Mous		=	λ \$ =		OR	A.S., =	
AMENDMENT	Independent (37 CFR 1,16(b))		Minus	•••	<b>=</b> .	x s=		OR	л s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16/d))					+ 5 =		OR	+ 5 =	
ĻΙ						TOTAL		٦ ```	TOTAL	<del> </del>

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.